IOWA ETHICS TAND CAMPAIGN DISCLOSURE BOARD

DES MOINES, IA 50319

Fax:95120281-3701 www.io.va.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

| | For office use only |
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| Glenwood Resource Center | |
| Name of Department of 711 South Vine Street | |
| Mailing Address Glenwood, Iowa 51534 | ip Code |
| Area Code & Telephon | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI | CE: |
| CONTACT PERSON FOR RECIFIENT BEFAITMENT ON OTHE | |
| | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |
| Cital Auress | |
| OONOR OF GIFT, BEQUEST, OR GRANT: | |
| AMERICAN LEGION AUXILIARY | |
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| POBRI40 (FSTER TA 5/242 Mailing Address City, Stafe, Zip Code | |
| Mailing Address City, State, Zip Code | Date of Gift, Bequest, or Grant Amount/Value* |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | *value is defined as "fair market value" of item as determined by |
| | receiving department or office. If no value mark "0.00". |
| Email Address (optional) | |
| Provide a description of the gift, bequest, or grant and purpose thereof: | |
| Provide a description of the girt, bequest, or grain and purpose meres. | |
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| CASH DONATION - "X-MAS | GFS. |
| Criteria to use this form: | |
| Receipt of any gift, bequest, or grant that is received by any departmen | t of the state or received by the Governor on behalf of the state. |
| Receipt of any girt, beddest, or grant that is received by any experience | |
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| atement of Affirmation: | |
| | ed above is accurate. I further affirm that the information concerning the |
| the second secon | ad above is securate. I further affirm that the information concerning the |

Signature

O IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319



DES MOINES, IA 50319
Fax: (515)281-3701
www.io.va.gov/ethics

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The following code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lower or received by the Governor on behalf of the state he reported to the lower Ethics. state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift; bequest, or grant.

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| lame of Department or | Glenwood Resource Center 711 South Vine Street | |
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| Mailing Address | Glenwood, Iowa 51534 | ip Code |
| rea Code & Telephon | | |
| | OR RECIPIENT DEPARTMENT OR OFFI | CE: |
| JNIACI PERSONI | | |
| Name | | |
| | and from about 1 | City, State, Zip (if different from above) |
| Mailing Address (if differ | ent nont above) | Area Code & Telephone Number (if different from above) |
| Email Address | | Area Code & Telephone Number (II different from 2000) |
| Name 720 LYON Mailing Address Area Code & Telephone Email Address (optional) | | Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| | the gift, bequest, or grant and purpose thereof | "CLIENT ACTIVITIES" |
| Criteria to use this form | | |
| Receipt of any gift, beg | lest, or grant that is received by any departmen | nt of the state or received by the Governor on behalf of the state. |
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THICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 C 10 AH 9: Pax: (515)281-3701 www.io.va.gov/ethics

Signature



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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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| DEPARTMENT OR OF | FICE RECEIVING THE GIFT, BEQUES | T, OR GRANT: | • |
|-------------------------------|--|--|---------------------------------------|
| | C1 17 - | | • |
| Name of Department or | Glenwood Resource Center 711 South Vine Street | | |
| Mailing Address | Glenwood, Iowa 51534 | ip Code | |
| Area Code & Telephon | | | |
| CONTACT PERSON FO | OR RECIPIENT DEPARTMENT OR OF | FICE: | |
| | | | · · · · · · · · · · · · · · · · · · · |
| Name | | · | |
| Mailing Address (if different | nt from above) | City, State, Zip (if different from a | above) |
| Email Address | | Area Code & Telephone Numbe | r (if different from above) |
| OONOR OF GIFT, BEQ | UEST, OR GRANT: | | |
| AMERICAN. | IEGION AUXILIARY | - | |
| 1550 380th Mailing Address | St Royal IA 5/2 City, State, Zip Code | 57 | \$ 50 M |
| | | Date of Gift, Bequest, or Grant | Amount/Value* |
| Area Code & Telephone N | lumber | *value is defined as *fair market v receiving department or office. If | |
| Email Address (optional) | · · · · · · · · · · · · · · · · · · · | | |
| Provide a description of the | ne gift, bequest, or grant and purpose thereo | t. I CUBSCUT HAT, MAC | GIC SLATES, ETC |
| \$10 CHECK- | CLIENT ACTIVITIES" & | ASSURTED PUZZCE | S. COUR BOOKS |
| Criteria to use this form: | | | |
| Receipt of any gift, beque | st, or grant that is received by any departmen | nt of the state or received by the Governor o | n behalf of the state. |
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| atement of Affirmation | ic | | |
| nor and assessment of the | affirm that the gift, bequest, or grant repor fair market value (If applicable) is correct an | ted above is accurate. I further affirm that the true to the best of my knowledge. | ne information concerning the |
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| 1,711/1 | (envisor) | /2- | 10-07 |

OWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701

Fax: (515)281-3701 www.lowa.gov/ethics



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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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| EPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, | |
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| Glenwood Resource Center | |
| Name of Department of 711 South Vine Street | · |
| Mailing Address Glenwood, Iowa 51534 | ip Code |
| Area Code & Telephon | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC | CE: |
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| Name . | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| mail Address | Area Code & Telephone Number (if different from above) |
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| DNOR OF GIFT, BEQUEST, OR GRANT: | |
| PMERICAN LEGION AUXILIARY #703 | 3 |
| ame | |
| DRINGEWATER, IA. 50837. Tailing Address City, State, Zip Code | 11 20 07 \$ 80 00 |
| idaning Address | Date of Gift, Bequest, or Grant Amount/Value* |
| rea Code & Telephone Number | |
| | *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| mail Address (optional) | |
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| Provide a description of the gift, bequest, or grant and purpose thereof: | |
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| Criteria to use this form: | |
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| Receipt of any gift, bequest, or grant that is received by any department of | of the state of received by the Governor on benait of the state. |
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| ement of Affirmation: | |
| affirm that the gift, bequest, or grant reported | d above is accurate. I further affirm that the information concerning the |
| or and assessment of the fair market value (If applicable) is correct and to | rue to the best of my knowledge. |
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| | 12-6-07 |

Revised 06/05

10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.io.va.gov/ethics



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| Glenwood Resource Center 711 South Vine Street | |
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| dailing Address Glenwood, Iowa 51534 | ip Code |
| rea Code & Telephon | |
| NTACT PERSON FOR RECIPIENT DEPARTMENT OR OF | FICE: |
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| lame | |
| lailing Address (if different from above) | City, State, Zip (if different from above) |
| mail Address | Area Code & Telephone Number (if different from above) |
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| NOR OF GIFT, BEQUEST, OR GRANT: | · |
| MERICAN LEGION AUXILIARY | _ |
| 20 LYON ST DES MOINES IA SOZ ailing Address City, State, Zip Code | 309 |
| ailing Address City, State, Zip Code | |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| rea Code & Telephone Number | value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| mail Address (optional) | - Teceving department of office. If no value many coo. |
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| eceipt of any gift, bequest, or grant that is received by any departme | ent of the state or received by the Governor on behalf of the state. |
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| ement of Affirmation: | |
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Revised 05/05

IOWAETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701



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| Glenwood Resource Center 711 South Vine Street | |
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| NOR OF GIFT, BEQUEST, OR GRANT: | |
| MERICAN CECTON AUXILIARY #164 | |
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| SEDFORD IA 50833 | |
| illing Address City, State, Zip Code | 12-3-07 20.00 |
| ea Code & Telephone Number | Date of Gift, Bequest, or Grant Amount/Value* |
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| nail Address (optional) | receiving department or office. If no value mark "0.00". |
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| DONATION CHECK - 'CLIENT | ACTIVITIES" |
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| ceipt of any gift, bequest, or grant that is received by any department | of the state or received by the Governor on behalf of the state. |
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| affirm that the nift, hequest, or grant reporter | d above is accurate. I further affirm that the information concerning the |
| and assessment of the fair market value (if applicable) is correct and to | was in the basis of mars land, dealer |